

Episode: Author Interview: “Living Histories of Structural Racism and Organized Medicine”

Guest: Matthew Wynia, MD, MPH/MSPH

Hosts: Tim Hoff

Transcript by: Cheryl Green

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[bright theme music]

TIM HOFF: Welcome to another episode of the Author Interview Series from the *American Medical Association Journal of Ethics*. I’m your host, Tim Hoff. This series provides an alternative format for accessing the interesting and important work being done by Journal contributors each month. Joining me on this episode is Dr Matthew Wynia, a Professor of Medicine and Public Health at the University of Colorado School of Medicine and Colorado School of Public Health in Aurora, and the Director of the University of Colorado Center for Bioethics and Humanities. He’s here to discuss his article coauthored with Dr Robert Baker, [Living Histories of Structural Racism and Organized Medicine](#), in the December 2021 issue of the Journal, *Health Justice and Diversity in Medical School Admissions*. Dr Wynia, thank you so much for being on the show again. [music fades out]

DR MATTHEW WYNIA: Oh, my pleasure. Thanks, Tim.

HOFF: To begin with, what is the main ethics point of your article?

WYNIA: What we were looking at is something that we had explored together a number of years ago, over a decade ago, really, which is the role of the medical profession in creating structures that generate racist outcomes. And we had, together with a number of other people, looked into the history of the AMA’s exclusion of African-American medical practitioners over decades, almost a century. And we hadn’t framed it, at the time we did this work back in the early 2000s, we hadn’t framed it as an issue of structural or systemic racism. But when we reread it today, it just looks like a paradigm case of what today we would call structural racism.

HOFF: What is the most important thing for health professions students and trainees to take from your article?

WYNIA: Well, I think the thing that was most important for my understanding— [laughs] I hate to put what resonated with me onto someone else. I think students coming up today have a different set of life experiences than the life experiences I had. So, I’ll just speak to what my realizations were, which is this legacy of decisions that were made—and that sometimes were made explicitly by saying, “We denounce racism. We think racism is wrong. We don’t think Black people should be treated differently, but we’re going to set up a set of structures which will have predictably racist outcomes”—that that way of thinking can still exist. That people who are not overtly discriminatory towards any particular minority can still be a part of a system that predictably leads to outcomes that discriminate against that minority.

And that just dynamic, that you can feel strongly that you are not racist and yet still be a part of a set of structures that will create racist outcomes, that’s problematic. And it’s

problematic in ways that are not easily rectified. It's problematic in ways that are very difficult, very challenging to acknowledge.

HOFF: Mmhmm.

WYNIA: And we've certainly seen this in just the recent past where White physicians like myself have a really hard time recognizing and acknowledging that they can be a part because they don't feel it themselves, right?

HOFF: Mmhmm.

WYNIA: But they can still be a part of structures that are, in fact, discriminatory. Because these underlying problems are structural, they're systemic, they're mutually reinforcing. And you can be a very good person who's not personally, intentionally trying to hurt anyone or intentionally trying to be discriminatory, but you are a part of this system that leads to worse health outcomes.

HOFF: Mm, mmhmm. That these problems are mutually reinforcing seems particularly important to remember, as it's not just a matter of fixing health care or fixing housing access or fixing any one thing.

WYNIA: Right. These things tie together, and they're threaded. They're interwoven.

HOFF: Mmhmm. And finally, to wrap up, if you could add a point to your article that you didn't get to fully explore, what would that be?

WYNIA: Oh, there are so many, but I'll just, I'll pick one because I think it is perhaps one of the most challenging. And that is the structures of payment systems in the United States are a piece of structural racism. They are what drive decisions about where resources are going to be allocated, where you're going to build your new clinic, where you're going to allocate your doctors and nurses if you're a health system leader. Those are driven by reimbursement policies. And those reimbursement policies mean that you are not going to put resources into communities where reimbursements are poor, which means we are setting up a health care system and sustaining a health care system that will predictably harm people who tend to be less likely to have insurance or to have Medicaid, to have worse insurance that doesn't reimburse as well.

And that's what I mean by how difficult this is to change because changing the reimbursement system so that you actually get paid more for taking care of the people who need it the most, that is a fundamental, that would entail a fundamental restructuring of how we pay for medical care. And I don't know that people are ready to talk about that, even though that is one of the major implications of thinking systemically about how do we prevent worse health outcomes from arising within minority communities? [theme music returns]

HOFF: Dr Wynia, thank you very much for your work on this important topic and your continued work with *The Journal*.

WYNIA: Oh, thank you, Tim.

HOFF: To read the [full article](#) and the rest of the December 2021 issue for free, visit our site, JournalofEthics.org. We'll be back soon with more *Ethics Talk* from the *American Medical Association Journal of Ethics*.